

Oklahoma

START RIGHT - HEALTHY FAMILIES AMERICA

State Fiscal Year 2015 Annual Report

2015



Family Support &
Prevention Service

Oklahoma State
Department of Health

Oklahoma

START RIGHT
HEALTHY FAMILIES AMERICA

State Fiscal Year 2015 Annual Report

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Aalyssa
Young



Simayia and
Aalyssa Young



Silvia and
Anthony Perez

PROGRAM OVERVIEW

OFFICE OF CHILD ABUSE PREVENTION

The Office of Child Abuse Prevention (OCAP) was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.1. The Act declared prevention of child maltreatment as a priority in Oklahoma. Recognizing child abuse and neglect as a significant public health issue, the legislature placed the OCAP at the Oklahoma State Department of Health – emphasizing the importance of prevention rather than “after-the-fact” intervention.

As the field of prevention evolved, the efforts and activities to support families became more sophisticated. In 1995, the OCAP began work with Drs. Anne and Rex Culp of Oklahoma State University to pilot and research a relatively new prevention strategy: home visiting. Utilizing a blend of state and federal dollars, the efforts were implemented in six counties.¹

At the completion of the Culp’s work, it was determined that home visiting was beneficial to families. After much consideration, the OCAP chose to continue this strategy in association with the nationally recognized model “*Healthy Families America*” (*HFA*). Since the early 2000’s, multiple contract cycles for *HFA* services have been awarded. In Oklahoma, collectively these programs are known as *Start Right*. Within the last year, the OSDH has affiliated with *HFA* as a multi-site state; therefore, *Start Right* will transition to the *Healthy Families America (HFA)* name.

PROGRAM COSTS

The state expenditure per family for *HFA* during SFY 2015 was \$3,018. This amount was calculated by dividing the total contract expenditures of \$2,227,082 by the total number of unduplicated families participating in *HFA*. During SFY 2015, a total of 738 families received at least one home visit.

HEALTHY FAMILIES AMERICA

Healthy Families America is an evidence-based model which provides family support and coaching in the home. The goals of *HFA* are to increase each family’s protective factors and reduce risk factors that often contribute to child abuse and neglect. *Healthy Families America* is equipped to work with families who have histories of trauma, intimate partner violence, mental health, and substance abuse issues.² Developed in 1992 by Prevent Child Abuse America, the model now requires implementing agencies to complete a stringent affiliation and accreditation process in order to maintain model fidelity.³

HEALTHY FAMILIES AMERICA ELIGIBILITY CRITERIA

Referrals to local *HFA* Programs come from a variety of sources including Women, Infants, and Children Clinics (WIC), the *parentPRO* free telephone referral line, the Oklahoma Department of Human Services (OKDHS), and most often friends/family. Participation in *HFA* is voluntary and the families may remain actively engaged in services until their child’s sixth birthday.

In order to enroll the following criteria must be met:

- The mother is beyond her 29th week of pregnancy;⁴ or
- The mother is pregnant with at least her second child; or
- The mother/caregiver has a child under the age of 12 months;⁵ and
- The family scores a minimum of 25 out of 100 on the Kempe Family Stress Checklist

THE KEMPE FAMILY STRESS CHECKLIST

Healthy Families America uses the Kempe Family Stress Checklist (Kempe), a standardized assessment tool, to systematically identify and assess families that would benefit most from home visiting services. The Kempe identifies the various histories associated with increased risk for child maltreatment or other adverse childhood experiences.⁶ The ten item scale, addresses topics such as lifestyle behaviors and mental health issues, childhood experiences, parenting experiences, coping skills and support systems, relationship stressors, inadequate housing and income, family stability and isolation as well as parent-child attachment and bonding.⁷ The *HFA* Family Support Worker (FSW) uses the information from the Kempe to develop an individualized Family Support Plan focusing on the family’s strengths and working towards the reduction of risk factors.

¹ Garfield, McCurtain, Muskogee, McIntosh, Washington and Nowata Counties

² About Healthy Families America. http://www.healthyfamiliesamerica.org/about_us/index.shtml

³ Healthy Families America Best Practice Standards, Effective July 1, 2014 – December 31, 2016. <http://www.helpmefrow.ohio.gov/~media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Home%20Visiting/HV%20Resources/HFA%20BEST%20PRACTICE%20STANDARDS.ashx>

⁴ HFA contracts require that all mothers qualifying for Children First: Oklahoma’s Nurse Family Partnership Program (C1) be referred to C1 in order to avoid duplication of services. C1 focuses on low-income mothers expecting their first child. Mothers must enroll in C1 prior to the 29th week of pregnancy.

⁵ An adaptation has been granted by HFA for Oklahoma. Families may enroll prenatally or within three months of the baby’s birth; however, in Oklahoma there is an allowance for up to thirty-three percent of families to be enrolled with a child between the ages of three months and twelve months of age.

⁶ HFA Best Practice Standards Critical Element #2, Effective July 1, 2014 – December 31, 2016.

⁷ Family Stress Checklist (FSC) (a.k.a. Kempe Family Stress Assessment/Checklist or Carroll-Schmidt Parenting Checklist). <http://friendsnrc.org/index.php>

CLIENT CHARACTERISTICS

AGE

The average **HFA** parent who enrolled in SFY 2015 was 27 years of age. The youngest reported parent was 14 years of age and the oldest reported parent was 62 years of age. *See Figure 1*

RACE

Minorities make up 35 percent of the Oklahoma population.⁸ Thirty-three percent of the **HFA** population who enrolled in SFY 2015 identified as minorities. *See Figure 2*

GENDER

Ninety-seven percent of parents who enroll in **HFA** are female, though males are encouraged to participate. Each year, male parents make up about three percent of the new enrollment. *See Figure 3*

MARITAL STATUS

A little over half of **HFA** parents who enrolled in SFY 2015 were single and had never been married. *See Figure 4*

ETHNICITY

Ten percent of Oklahomans identify as Hispanic,⁹ whereas 29 percent of **HFA** parents in SFY 2015 identified as such. *See Figure 5*

EMPLOYMENT

A majority of **HFA** parents who enrolled in SFY 2015 were unemployed or did not report their employment status. *See Figure 6*

EDUCATION

Of the **HFA** parents participating in SFY 2015, 38 percent did not have a high school diploma at the time of enrollment. *See Figure 7*

NUMBER OF CHILDREN IN THE HOME

Forty-one percent of **HFA** clients who enrolled in SFY 2015 reported living with one child or were pregnant at time of enrollment. *See Figure 8*

AGE OF CHILDREN IN THE HOME

Forty-nine percent of the children living in the home of new **HFA** parents in SFY 2015 were two-years old or younger. *See Figure 9*

HOUSEHOLD INCOME

Fifty-one percent of **HFA** parents who enrolled in SFY 2015 reported having a household income less than \$15,000. *See Figure 10*

HOUSEHOLD COMPOSITION

Among the **HFA** families who enrolled in SFY 2015, there were 323 other adults living in the same household as the mother of the children. Seventy-two persons reported living alone. *See Figure 11*

AVERAGE LENGTH OF ENROLLMENT

The length of time a family participates in **HFA** services depends upon the family's specific needs and the goals that they wish to achieve. The home visits are scheduled weekly, bi-weekly or monthly. Services may begin during the prenatal period and may last until that child's sixth birthday. During SFY 2015, 738 families participated in **HFA**. The average length of enrollment was 23 months (some families began services in previous years and have continued). *See Figure 12*

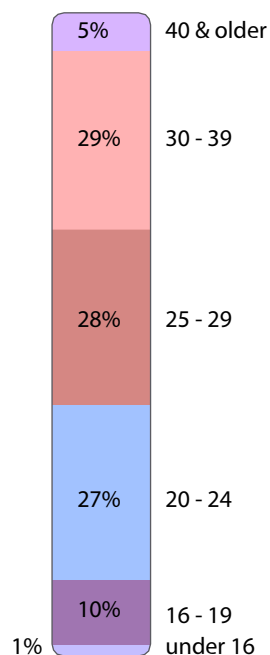
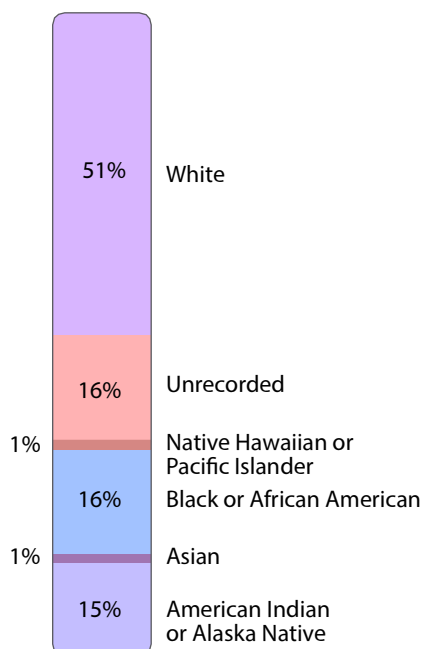
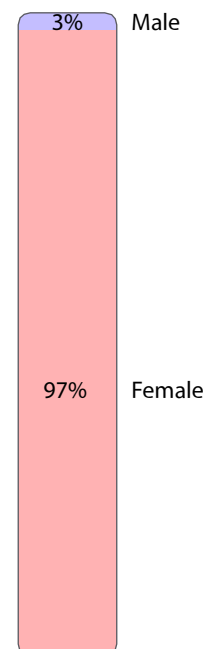
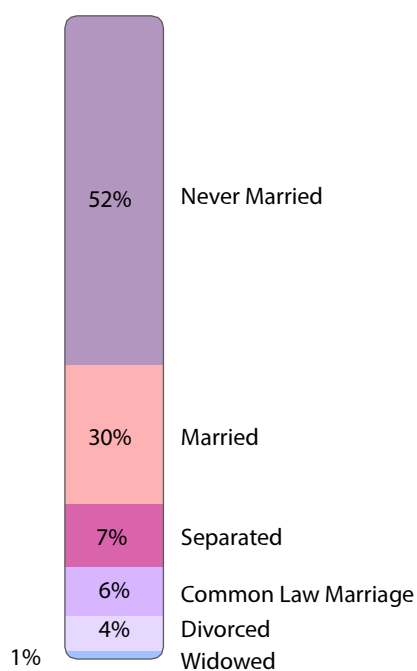
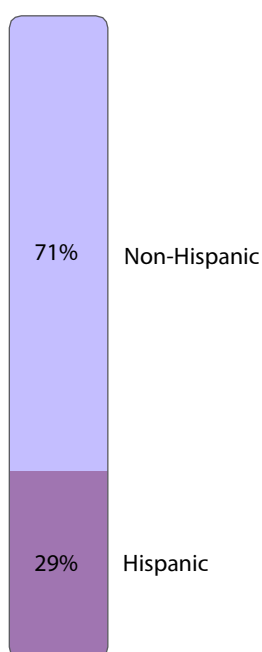
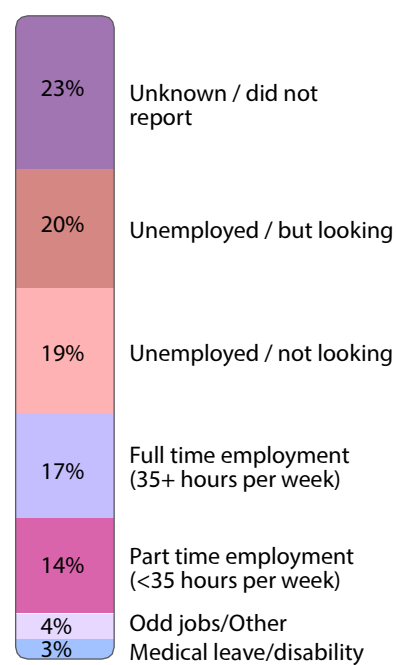
FAMILIES NOT PARTICIPATING

Of those potential enrollees that were approached about **HFA**, 365 did not become participants. *See Figure 13*

⁸ United States Census Bureau. <http://quickfacts.census.gov/qfd/states/40000.html>

⁹ United States Census Bureau. <http://quickfacts.census.gov/qfd/states/40000.html>

CLIENT CHARACTERISTICS FIGURES

Figure 1
AGEFigure 2
RACEFigure 3
GENDERFigure 4
MARITAL STATUSFigure 5
ETHNICITYFigure 6
EMPLOYMENT

CLIENT CHARACTERISTICS FIGURES

Figure 7

EDUCATION

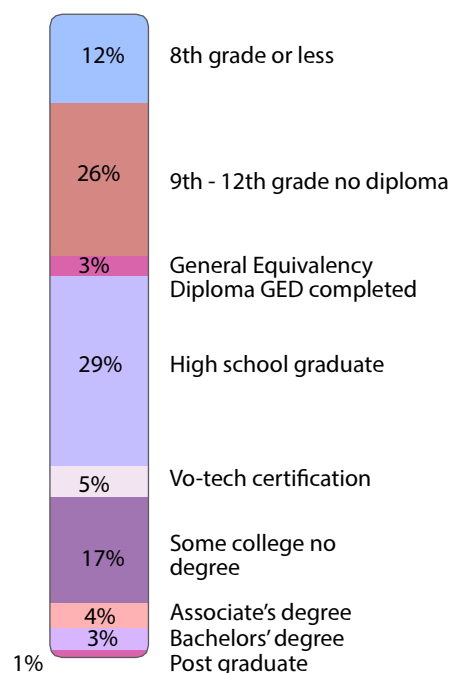


Figure 8

NUMBER OF CHILDREN IN THE HOME

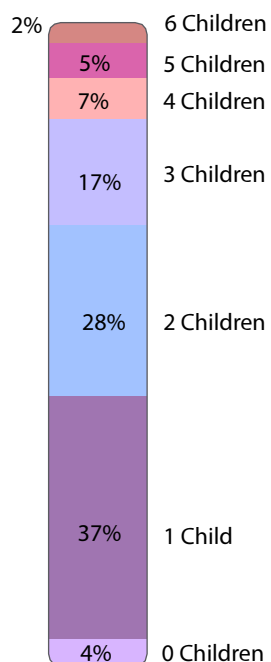


Figure 9

AGE OF CHILDREN IN THE HOME

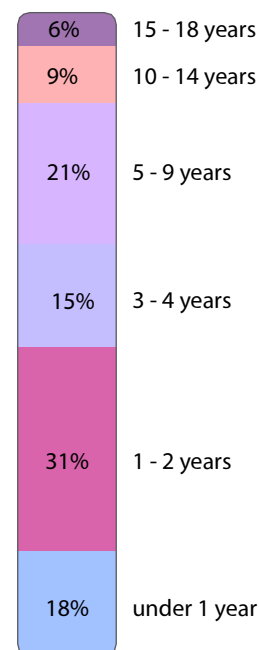


Figure 10

HOUSEHOLD INCOME

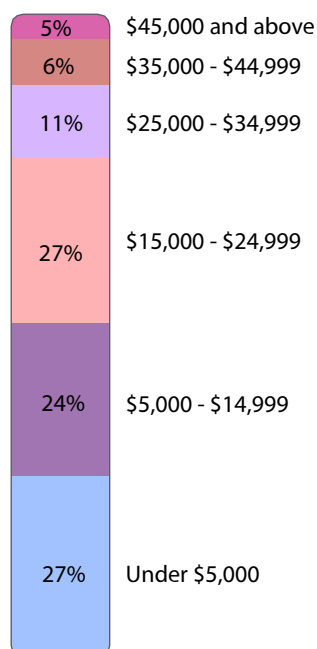


Figure 11

HOUSEHOLD COMPOSITION

Adult Type	Number
Father of child	211
None	72
Grandmother of the child	53
Others	18
Boyfriend/Not father of child	12
Grandfather of the child	7
Stepfather of child	6
Friend of the client	5
Sister of the client	4
Brother of the client	3
Aunt of the client	3
Uncle of the client	1
Total	395

CLIENT CHARACTERISTICS FIGURES

Figure 12

AVERAGE LENGTH OF ENROLLMENT

Site	Counties Served	# of Families	Average Time in Program (In Months)	Amount Awarded
Center for Children and Families, Bringing Up Babies	Cleveland, Pottawatomie	52	23	\$ 193,575
Community Health Centers, Positive Parents	Oklahoma	44	15	\$ 150,000
Great Plains Youth and Family Services, Healthy Families Great Plains	Beckham, Greer, Jackson, Kiowa, Tillman, Washita	40	27	\$ 175,000
Help-In-Crisis, Helping U Grow (HUG)	Adair, Cherokee, Wagoner	59	24	\$ 200,000
Latino Community Development Agency, Healthy Families OKC- Nuestras Familias	Oklahoma	60	29	\$ 199,193
McClain-Garvin County Youth and Family Center, Healthy Beginnings	McClain, Garvin, Grady, S. Cleveland	59	23	\$ 150,000
McCurtain County Health Department, Healthy Families McCurtain County	McCurtain	54	23	\$ 200,000
Northern Oklahoma Youth Services, Healthy Families Kay & Osage	Kay, Osage	39	12	\$ 150,000
Northwest Family Services, Family Building Blocks	Alfalfa, Grant, Harper, Major, Woods	51	23	\$ 150,000
Okmulgee-Okfuskee County Youth Services, Family Resource and Support Program	Okfuskee, Okmulgee	44	23	\$ 150,000
Parent Child Center of Tulsa, Healthy Families Tulsa	Tulsa	131	16	\$ 424,067
Parent Promise, Family Resource Program	Oklahoma	76	21	\$ 258,329
Youth and Family Services for Hughes and Seminole Co., Great Beginnings	Hughes, Seminole	29	35	\$ 150,000
Total		738	23	

CLIENT CHARACTERISTICS FIGURES

Figure 13

FAMILIES NOT PARTICIPATING

Reason	Number
Potential enrollee moved out of service area	77
Potential enrollee unable to locate	58
HFA Program unable to contact family for assessment	58
Other	47
Potential enrollee accepted into another program	26
Potential enrollee's schedule (too busy, work conflict, etc.)	22
Potential enrollee did not return phone calls	18
Potential enrollee does not feel the need for the program	15
Potential enrollee's child was too old	15
Potential enrollee lived outside of program service area	11
Potential enrollee's child no longer in their care	7
Potential enrollee refused services	7
Potential enrollee incarcerated	4
Total	365

PROGRAM OUTCOMES

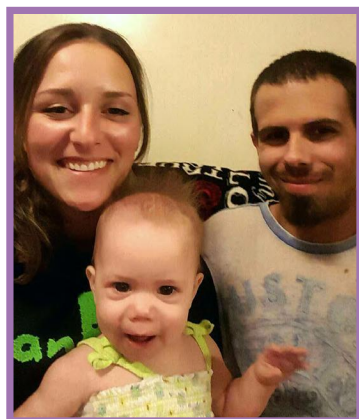
Healthy Families America's goal is to improve outcomes related to family stability, connecting families to resources, promoting healthy growth and development, and reducing child maltreatment with participating families. Due to the significant influences of these outcomes on the growth and development of a child, *HFA* strives to enroll families during pregnancy or before the child turns three months.¹⁰ *Healthy Families America* aims to provide prenatal mothers with linkages to prenatal health and information about fetal development.¹¹ Families who enroll with a newborn are linked to adequate health care; appropriate well-child care and immunizations, and information to support physical health, such as the importance of good nutrition and activity. *Healthy Families America* continues to support the participating family by linking them with services that improve self-sufficiency, encourage engagement in educational and training programs, and the pursuit of employment.¹²

¹⁰ Oklahoma has been granted an adaptation to enroll 33% of families with a child between three months and twelve months of age.

¹¹ HFA contracts require that all mothers qualifying for Children First: Oklahoma's Nurse Family Partnership Program (C1) be referred to C1 in order to avoid duplication of services. C1 focuses on low-income mothers expecting their first child. Mothers must enroll in C1 prior to the 29th week of pregnancy.

¹² Home Visiting Evidence of Effectiveness. <http://homevisiting.acf.hhs.gov/Model/1/Healthy-Families-America-HFA-sup---sup-/10/1>

During home-based parenting services, Family Support Workers provide safety education regarding the prevention of child abuse, intimate partner violence, and preventable unintentional injuries and deaths. **Healthy Families America** connects families to community-based resources to improve the safety and well-being of participating families. Family Support Workers share strategies for identifying and reducing environmental hazards in the home to reduce unintentional injuries or deaths.



Sarah, Lewis and Jasmine House

See Figure 14

CHILD MALTREATMENT

During SFY 2015, the Office of Child Abuse Prevention (OCAP) collaborated with the Oklahoma Department of Human Services (OKDHS) to match children served by **HFA** to child maltreatment reports and confirmations. The family may or may not have been participating in a **HFA** Program at the time of the report. Of the 738 families who received at least one home visit from **HFA** in SFY 2015, 627 of them (85 percent) had never been named as a potential victim in an OKDHS report after enrolling in **HFA**. Furthermore, 702 of them (95%) have never had a confirmed child maltreatment case with OKDHS since enrolling in **HFA**. None of the **HFA** children served in SFY 2015 had been named in a report to OKDHS for sexual abuse.

In order to enroll in **HFA**, the parent must score a minimum number of points on the Kempe Family Stress Checklist, a nationally recognized and validated tool that evaluates parents' risk for maltreating children. It is noteworthy that only five percent of the **HFA** families served in SFY 2015 had confirmed child maltreatment cases despite all entering the program with high risk factors.

See Figure 15

INTIMATE PARTNER VIOLENCE

Intimate partner violence is a serious social problem that affects every sector of the population. While services are primarily targeted towards adult victims of abuse, increasing attention is now focused on the children who witness intimate partner violence.¹³ More than 1 in 9 children (11 percent) were exposed to some form of family violence in the past year, including 1 in 15 (6.6 percent) exposed to intimate partner violence between parents (or between a parent and that parent's partner).¹⁴ Research also indicates children exposed to intimate partner violence are at increased risk of being abused or neglected, and a majority of studies reveal there are adult and child victims in 30 to 60 percent of families who experience intimate partner violence.¹⁵

13 Carlson, B.E. (2000) Children exposed to intimate partner violence: Research findings and implications for interventions. *Trauma, Violence and Abuse*, 1 (4), 321–340.

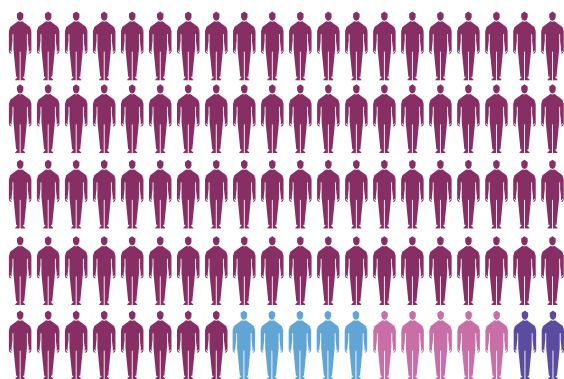
14 Children's Exposure to Intimate Partner Violence and Other Family Violence <https://www.ncjrs.gov/pdffiles1/ojdp/232272.pdf>

15 Appel, A.E., & Holde, G. W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12 (4), 578–599; Edleson, J. L. (1999). <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=1998-11410-008>

Figure 14

CHILDREN WITH A CONFIRMED CASE OF MALTREATMENT

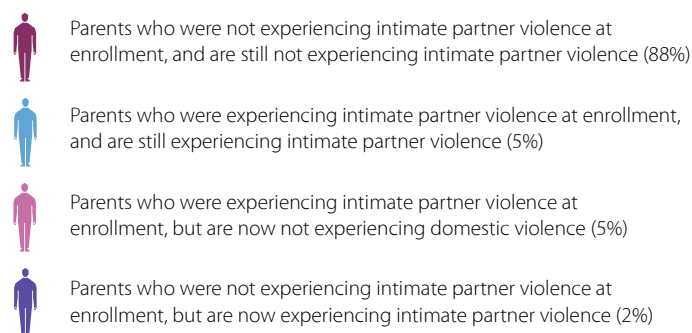
Gender	Percent
Male	63%
Female	36%
Type of Maltreatment in Confirmed Cases	
Abuse	7%
Neglect	89%
Both	4%
Type of Abuse in Confirmed Abuse Cases	
Threat of Harm	53%
Other Includes: Beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, and inadequate physical care.	47%
Type of Neglect in Confirmed Neglect Cases	
Threat of Harm	0%
Other Includes: Abandonment, beating/hitting, burning/scalding, cutting/puncturing, failure to obtain medical attention, failure to thrive, inadequate or dangerous shelter, inadequate physical care, lack of supervision, mental injury and shaking.	100%
Perpetrators in Confirmed Maltreatment Cases	
Mother	53%
Father	42%
Other Includes: Grandparents and "no relation"	5%



In SFY 2015, ninety-three percent of HFA parents did not experience intimate partner violence in the past six months.

Figure 15

INTIMATE PARTNER VIOLENCE



PREVENTABLE, UNINTENTIONAL INJURIES AND DEATHS

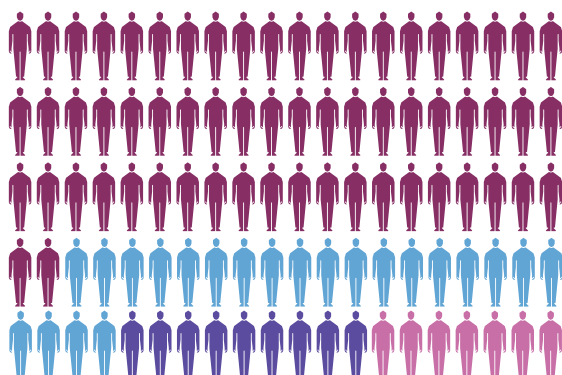
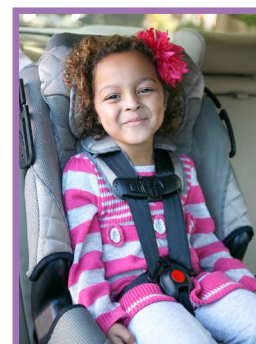
Children are exposed to many hazards and risks as they grow and develop into adults, and unintentional injuries are the leading cause of death and disability for children. Because of their size, development, inexperience, and natural curiosity, children are particularly vulnerable to injury. In addition, environments in which they live can significantly increase or decrease their injury risks.¹⁶ They account for nearly 37 percent of all deaths to children after infancy.¹⁷ Family Support Workers conduct a home safety audit every six months with the family to ensure the safest environment possible. Should issues arise, FSW's connect the family with agencies that provide free or inexpensive safety items such as car seats, outlet covers, and smoke detectors.

SAFE SLEEP

Despite the existence of compelling research and statistics about the importance of safe sleep in reducing our nation's high rate of infant mortality, the number of babies who die in adult beds and other unsafe sleep environments is on the rise. In fact, of the more than 4,500 sudden, unexpected infant deaths each year, statistics show that as many as 80-90 percent are the result of unsafe sleep practices.¹⁸ For this reason, FSW's educate parents about the importance of their child having an individual sleep space separate from any other person. Parents are instructed to create a safe sleep environment such as a crib without bumper pads, pillows, quilts, and stuffed toys. Additionally, FSW's provide education on safe swaddling practices and the need to place infants on their back in order to reduce the risk of Sudden Infant Death Syndrome (SIDS).

CAR SEAT SAFETY

Ninety-six percent of *HFA* parents reported always traveling with their child appropriately restrained in a car seat in SFY 2015.



Seventy-one percent of *HFA* parents either reduced or never started co-sleeping with their child in SFY 2015

Figure 16

SAFE SLEEP



Parents who did not co-sleep with their child at enrollment and still do not co-sleep with their child (62%)



Parents who co-slept with their child at enrollment and still co-sleep with their child (22%)



Parents who have reduced co-sleeping since enrollment (9%)



Parents who increased co-sleeping with their child or began co-sleeping with their child since enrollment (7%)

FIRE SAFETY

Ninety-two percent of *HFA* households had at least one working smoke detector in SFY 2015.



WATER SAFETY

NINETY-SEVEN PERCENT OF *HFA* PARENTS REPORTED NEVER LEAVING THEIR CHILD UNATTENDED NEAR WATER IN SFY 2015.

¹⁶ Protect the Ones You Love: Child Injuries are Preventable. <http://www.cdc.gov/safekid/NAP/background.html>

¹⁷ What is the Burden of Fatal Childhood Injuries? <http://www.cdc.gov/safekid/NAP/background.html>

¹⁸ Bedtime Basics: Safe Sleep Saves Lives! <http://www.firstcandle.org/new-moms-dads/bedtime-basics-for-babies/>



SUCCESS STORY

Rachel McRae and Michael
Northern Oklahoma Youth Services
Healthy Families: Kay & Osage Counties & the Total Dad Program

Kay County

Rachel and Aaron, the parents of one-year-old Michael were expecting their second child when Michael was removed from the home due to unsanitary conditions. Child Protective Services (CPS) referred the family to Healthy Families: Kay and Osage Counties where they were introduced to individualized home-based parenting services and education.

Rachel and Aaron were very hesitant to allow a Family Support Worker into their home, even though they were desperate for resources to help them provide a healthy environment for Michael. Rachel eventually enrolled in the program and Kelli, her Family Support Worker, began services. From the beginning, Kelli began developing the basic premise of the program. First, Kelli helped Rachel understand that she would work to help the family create a safe home environment and that she would be supportive and honest about what the family was doing well, but also what could be harmful or unhealthy. Second, Kelli helped Rachel develop goals towards creating a healthy and safe environment. These factors are what built a strong, trusting relationship between Rachel and Kelli.

Kelli helped Rachel think about resources that would help her clean up her home, make it safe for Michael, and maintain it. Soon after Rachel began working with Healthy Families, she confided in Kelli that "Aaron and I really butted heads with our CPS worker about getting rid of the clutter." Aaron was especially reluctant to participate in the beginning, but as Kelli showed him how dangerous the clutter was for Michael, he realized "that stuff isn't so important anymore." Kelli was able to establish a trusting relationship with Rachel and Aaron by respecting their individuality, and offering appropriate, relevant resources. Rachel stated "Kelli started from our point of view, not hers, and that made all the difference." Three months into the program, Rachel and Aaron regained custody of Michael.

A healthy baby girl was born in September, and Rachel continues to meet weekly with Kelli. Rachel has been involved with Healthy Families for approximately a year and is very committed to growing a stronger and healthier family.

Improving the well-being of infants and children is an important public health goal for Oklahoma. The well-being of infants and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.¹⁹ Infant health shapes child health which in turn powerfully influences adult health. Family Support Workers provide families with an array of resources to promote healthy habits for both mom and baby including physical activity and nutrition, breastfeeding, timely immunizations, tobacco use, and postpartum depression.

PHYSICAL ACTIVITY OF CHILDREN

Making sure young children and their families have plenty of opportunities to engage in regular physical activity is a key element in keeping children healthy and ready to learn. Physical activity is not only good for keeping children's hearts, minds, and bodies in shape and disease-free, but it also supports young children in developing motor skills that influence many other areas of their development.²⁰



Solomon Xavier Chumney



Seventy-four percent of *HFA* children over one year of age were physically active for 20 minutes or more at least one day per week in SFY 2015.

Figure 17

PHYSICAL ACTIVITY



Children who were physically active at enrollment and still are physically active (70%)



Children who were not physically active at enrollment and still are not physically active (26%)



Children who have increased physical activity since enrollment (4%)

BREASTFEEDING

Breast milk is best for infants, and the benefits extend well beyond basic nutrition. Breast milk is tailored to fit the needs of an infant by providing vitamins and nutrients babies need in the first six months of life as well as providing disease-fighting substances that protect babies from illness.²¹ *Healthy Families America* FSW's are provided breastfeeding training so that they can support mothers and make appropriate referrals to lactation consultants when necessary.

During SFY 2015, fifty-nine percent of new mothers participating in the *HFA* program initiated breastfeeding.

NUTRITION

Healthy eating and good nutrition is the key for good health, and should start during infancy. Healthy eating is about making positive food choices focusing on foods that provide the nutrients needed to maintain good health.²² *Healthy Families America* FSW's promote proper nutrition by providing child-friendly recipes, teaching food safety, and referring families to WIC, the Supplemental Nutrition Assistance Program, and local food banks.

Eighty-three percent of *HFA* children reported eating at least one serving of fruits or vegetables each day in SFY 2015.

¹⁹ <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

²⁰ Let's Get Moving! Physical Activity for Young Children. <http://www.del.wa.gov/development/health/activity.aspx>

²¹ How Breastfeeding Benefits You and Your Baby. http://www.babycenter.com/0_how-breastfeeding-benefits-you-and-your-baby_8910.bc

²² <http://www.healthyeating.org/Healthy-Eating.aspx>

IMMUNIZATIONS

One of the best ways to protect young children is ensuring they have all of their immunizations. Because of advances in medical science, young children can be protected against an array of diseases, which once injured or killed thousands of children. Some diseases have been completely eliminated, while others are close to extinction.²³ This is primarily due to safe and effective immunizations that have had an enormous impact on improving the health of children in the United States.²⁴

During SFY 2015, ninety-one percent of *HFA* parents reported that their children were up-to-date on immunizations.

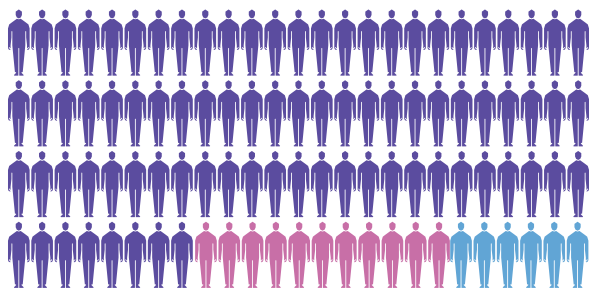
POSTPARTUM DEPRESSION

Many new mothers experience the “baby blues” after childbirth; common symptoms may include anxiety, sleeplessness, mood swings, and crying spells. But some new mothers experience a more severe, long-lasting form of depression known as postpartum depression.²⁵ Family Support Workers administer early detection screenings of maternal depression using the Edinburgh Postnatal Depression Scale.²⁶ Depending on time of enrollment, screenings take place prenatally; at 2, 4, and 6 weeks postpartum; and any time postpartum depression is suspected. If the client enrolls after 6 weeks postpartum, a screening is administered within 2 months of engaging in home-based parenting services.

Three hundred and fifty-two Edinburgh Postpartum Depression Screenings were administered to new *HFA* mothers in SFY 2015. Sixty-two percent indicated some signs of depression; thirty-nine percent indicated the need for immediate referral to a healthcare professional.

TOBACCO USE

It is a commonly known fact that smoking can cause cancer, heart disease, and other major health problems. Approximately 6,200 Oklahomans die each year from tobacco-related causes, 700 of which are caused by exposure to second-hand smoke.²⁷ Mothers who smoke during pregnancy can experience additional risks including preterm birth, birth defects, and even infant death.²⁸ Family Support Workers help smoking mothers in their efforts to quit by providing them with Oklahoma Tobacco Helpline information²⁹ and additional education and resources needed to quit.



Of the *HFA* parents who smoked, ninety-four percent either did not increase or reduced smoking between enrollment and the end of SFY 2015.

Figure 18
NUMBER OF CIGARETTES

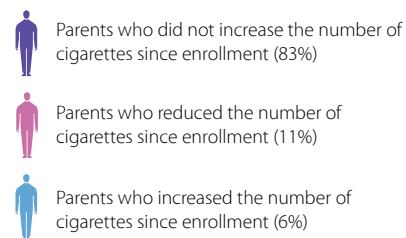
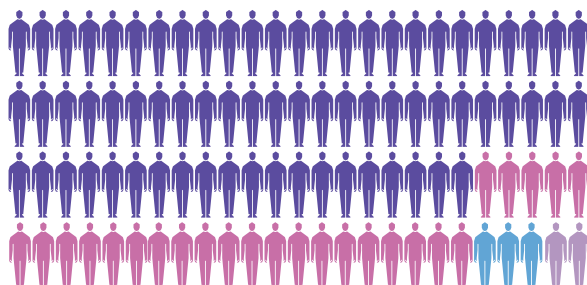


Figure 19
SMOKING



Of the total enrollment (smokers and non-smokers) the majority of *HFA* parents did not increase or never began smoking from the time of enrollment to the end of SFY 2015.

23 Five Important Reasons to Vaccinate Your Child. http://www.vaccines.gov/more_info/features/five-important-reasons-to-vaccinate-your-child.html

24 Centers for Disease Control and Prevention. <http://www.cdc.gov/vaccines/parents/index.html>

25 Postpartum Depression Definition. <http://www.mayoclinic.org/diseases-conditions/postpartum-depression/basics/definition/con-20029130>

26 Edinburgh Postnatal Depression Scale (EPDS). http://www.2.aap.org/sections/scan/practicing/safety/toolkit_resources/module2/epds.pdf

27 Tobacco Prevention. http://www.ok.gov/health/Wellness/Tobacco_Prevention/index.html

28 Centers for Disease Control and Prevention, Tobacco Use During Pregnancy. <http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/>

29 Oklahoma Tobacco Helpline. <http://www.okhelpline.com/>



SUCCESS STORY

Yvone Escobedo and Isabel
Latino Community Development Agency
Healthy Families OKC-Nuestras Familias

Oklahoma County

Yvone enrolled in the Healthy Families OKC-Nuestras Familias when Isabel was one-month-old. Upon enrollment, Yvone excitedly shared with her Family Support Worker, Marina, "I waited twelve years to have another child and I am enjoying my baby Isabel!" Yvone was consistent with her home-based parenting services, actively participating in parent-child interactions and learning about Isabel's development. Marina stated "Yvone was such a happy person; I saw no signs of depression during the first weeks of our visits."

During a visit Yvone surprised Marina by telling her "suddenly I have been feeling sad and crying without reason." Yvone continued, saying that she was feeling different than before Isabel was born. Marina immediately administered the Edinburgh Postnatal Depression Screening (EPDS), a tool that can be used to screen postpartum women in a home setting. Because Yvone's score was high, Marina approached the conversation about postpartum depression and made a referral to HOPE Community Services³⁰ where Yvone could receive further assessment and counseling. Yvone was anxious to get help but was scared to go alone, so Marina quickly made arrangements to transport Yvone to the Hope Center and stayed to support Yvone during the appointment.

Yvone was diagnosed with severe postpartum depression and began receiving counseling right away. Marina continued to support Yvone by arranging transportation to her appointments and accompanying her when she needed extra support. Yvone responded very well to her treatment and stated "I am the person that I was before having Isabel." Marina continued to support Yvone through home-based parenting services, referrals, and information. Yvone describes her relationship with Marina stating "We have such a close bond because she is so involved in my family needs. If it had not been for her, I would not have found out that I had postpartum depression, or found help."

³⁰ Hope Community Services. <http://www.hopecsi.org/SitePages/Home.aspx>

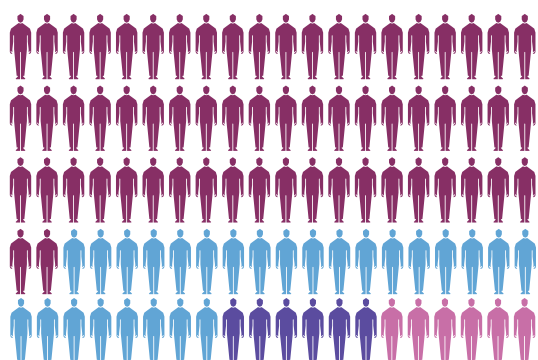
Providing stable, nurturing environments and routines is imperative for children to thrive as well as help them know what to expect by creating a sense of safety. Sadly, a large number of children face instability at some point in their lives due to family circumstances changing abruptly, which can have a negative effect on a child's well-being. Areas of instability include household income, parental employment, education, family structure, and referrals to multiple services. Family Support Workers connect families with resources and services to build stability and provide an environment for their child that is safe, stable and nurturing.

FATHER INVOLVEMENT

Fathers play a significant role in fostering social-emotional, cognitive, language, and motor development in the lives of their young children.³¹ Fathers offer different parenting techniques than mothers, which is imperative to the healthy development of a child. A child can gain self-esteem, independence, and confidence building skills through relationships with their father. Children with involved fathers are more likely to gain social competence and life skills which help them understand the world in different ways.



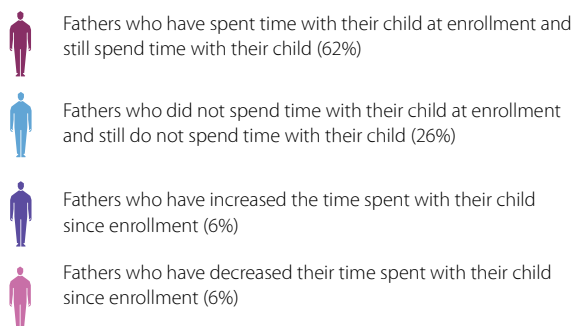
Jake Rose and Kennedy Brokopp



Sixty-eight percent of fathers of **HFA** children spent time with their child in SFY 2015.

Figure 20

FATHER INVOLVEMENT



31 The Important Role of Fathers in the Lives of Young Children, by William Scot and Any De La Hunt. http://www.parentsasteachers.org/images/stories/documents/Fatherhood_Resources/ImportantRoleoffathers.pdf



SUCCESS STORY

David Ashley and twins, Colton and Dalton
McClain-Garvin County Youth & Family Center
Healthy Beginnings

McClain, Garvin, Grady and Southern Cleveland Counties

When twins Colton and Dalton were six-months-old, their father, David came to Healthy Beginnings seeking help. Their mother, Dianne, went undiagnosed with severe postpartum depression and shortly after the boys were born, she left the family. Colton and Dalton were born prematurely as Dianne did not have access to resources in order to receive adequate prenatal care.

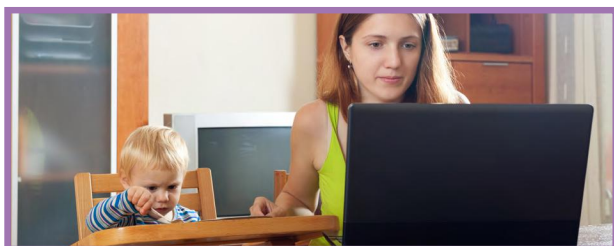
Desperate for support, David enrolled in home-based parenting services where he began visits with his Family Support Worker, Deidra. David quickly engaged in services and shared with Deidra, “my boys’ doctor told me they are under weight and developmentally delayed, and I don’t know how to help them.” In addition, David was dealing with feelings of resentment and anger toward Dianne for leaving the family; he stated “I am not dealing very well with my anger.” Deidra, sensing David’s urgency for help, connected him with an array of services. Deidra helped David set goals to address each of the issues within the family. David received a referral for mental health services, where he learned coping mechanisms to deal with his anger. Colton and Dalton were referred to SoonerStart for early intervention services and the health department for Well Baby Checks and immunizations. The family was able to receive SNAP Benefits as well as enroll in WIC. David began to feel a sense of relief, knowing that as a single dad, he could get help and that Deidra was there to support him. Deidra continued to give David referrals for car seats, clothes, diapers, wipes, formula, bottles, blankets, and baby food.

Colton and Dalton began making gains in all areas of development. They were brought up-to-date on their immunizations and slowly began to gain weight. During his visits, David learned about Colton and Dalton’s development and participated in parent-child interaction activities. David’s willingness to fully engage in home-based parenting services coupled with the support of Deidra helped this single father cope with the loss of his wife, and support his family in all aspects.

When Colton and Dalton turned a year old, Dianne returned to the family. Deidra referred the family to housing assistance where they were able to move into an apartment together. David and Dianne continued to work with Deidra until the twins turned six-years-old, graduated from the program, and successfully entered kindergarten.

EMPLOYMENT

Of the **HFA** parents served in SFY 2015 who were unemployed at enrollment, 38 percent have found work.



HOUSEHOLD INCOME

Ninety-eight percent of **HFA** parents served in SFY 2015 have maintained or increased their household income.

EDUCATION

Of the **HFA** parents served in SFY 2015, 36 percent have furthered their education since enrollment.



CONNECTIONS TO SERVICES

Families enrolled in *HFA* are connected with services in order to help reduce stress levels, provide for basic needs, and increase family stability



SUCCESS STORY

Amanda Caesar and Hayden
Youth and Family Services for Hughes and Seminole
Counties
Great Beginnings

Hughes and Seminole Counties

When Amanda was eighteen-years-old, she was single and 8 months pregnant with her first child. She enrolled in Great Beginnings seeking help from her Family Support Worker, Shai. A recent high school graduate, Amanda faced struggles both financially and emotionally. Although Amanda was working part-time at Sonic, it wasn't enough to provide for her baby, Hayden. Because of her age, and an unstable financial situation, Amanda was living with her mother though they had a strained relationship. In addition to struggles with her mother, Amanda was also given the responsibility of caring for three younger siblings, the housework, and preparing meals for the family while her mother worked.

When Amanda began home-based parenting services, she expressed to Shai her desire to gain parenting skills and stated, "I want to be a good parent." She was eager to learn more about Hayden's development and said "I want my baby to succeed." She also needed the supportive services that Shai could offer her including referrals for diapers, transportation, respite care, and parenting groups.

Shai and Amanda worked toward health goals during her pregnancy, always keeping her prenatal appointments, focusing on good nutrition and exercise, and gaining coping skills to reduce stress. Hayden was a healthy baby boy at birth, and Amanda accessed all of the resources Shai helped her connect with so she could continue to provide for Hayden. Shai helps Amanda keep Hayden current with his immunizations, Well-Baby appointments, and WIC vouchers.

With Shai assisting her, Amanda enrolled in the STEM (Science, Technology, Engineering, and Math) Program,³² received assistance with college, and was placed on a worksite to gain more experience. Amanda obtained a full-time position at Sonic and enrolled at Seminole State College. Amanda stated "I am happy with my life decisions and I couldn't have done it without Shai's help!"

Figure 21

SERVICE REFFERALS

Services	# of Referrals
Clothing	1961
Medicaid/Sooner Care	1517
Women, Infants & Children	1396
Food	709
Food Stamps	704
Dental	507
Immunizations	485
English as a Second Language (ESL)	454
Parenting Classes	434
Transportation	348
Rent	340
Car Seats	311
Vision	310
General Education Diploma (GED)	273
Furniture	270
Smoke Detectors	183

³² Science, Technology, Engineering and Math: Education for Global Leadership. <http://www.ed.gov/stem>

SFY 2015 ACCOMPLISHMENTS

HEALTHY FAMILIES AMERICA ACCREDITATION

The Contractors implement high quality home-based parenting services and demonstrate model fidelity through the Quality Assurance and Accreditation process based on the *HFA* twelve critical elements. The *HFA* Program in Oklahoma has completed several components associated with accreditation and will be ready for final accreditation in the fall of 2016. The process of completing accreditation includes the *HFA* Self-Study which is a comprehensive report developed in partnership with the OCAP and Contractors. The Self-Study includes, but is not limited to the enhancement of existing policy, description of services to families, identifying the population served, analysis of services including retention, number of families screened and length of service.

IMPLEMENTATION OF NEW DATA SYSTEM

The Oklahoma State Department of Health (OSDH) has created a database from Social Solutions.³³ Efforts to Outcomes (ETO) was implemented January 2015 and has provided frontline staff the ability to go paperless with tablets networked to the new ETO system. With the ETO system, staff can run standard reports, ensure program implementation with fidelity to the model as well as continuous quality improvement. Contractors are able to gain insights to support strategic decision-making, and progress toward the Oklahoma State Department of Health Flagship Issues.³⁴

EXPANDED TRAINING PLAN

Healthy Families America has expanded training to improve existing services and outcomes. Expanded training topics were developed by a team of professionals and are offered on a regular basis to Contractors. Subject matter ranges from reproductive health, child abuse reporting requirements, tobacco cessation, safe sleep, infant mental health, intimate partner violence, and mental health just to name a few. All direct service staff including Program Managers, Supervisors, Family Support Workers, and Family Assessment Workers are provided with this high quality training that will improve performance, staff knowledge, and delivery of home-based parenting services.

SFY 2015 RECOMMENDATIONS

IMPROVE OUTCOMES

Data is continually analyzed to verify and measure the effectiveness of services and to help make informed policy and practice decisions, with the ultimate goal of improving outcomes. Based on analysis, *HFA* has targeted specific areas of improvement. These areas include:

- Maternal and newborn health
- Intimate partner violence prevention
- Family economic self-sufficiency

Healthy Families America Contractors will approach each area of improvement by collecting and analyzing data, assessing the areas of improvement, and developing a Continuous Quality Improvement Plan (see below). As an ongoing process, desired outcome goals will be systematically assessed ensuring the OSDH mission and purpose is supported through services.

³³ Social Solutions. <http://www.socialsolutions.com/case-management-software/>

³⁴ Oklahoma Health Improvement Plan, Flagship Issues: Tobacco Use, Obesity, Child Health, Behavioral Health. <http://ohip2020.com/wp-content/uploads/2015/03/17395OSDH-OHIP-2020-Report-LR-F.pdf>

COMPLETE CONTINUOUS QUALITY IMPROVEMENT (CQI) PROJECTS

As a mechanism to improve outcomes related to maternal and newborn health, screening for intimate partner violence and improvement of family economic self-sufficiency, Contractors will be charged with developing a CQI project to improve the health and well-being of the families enrolled in home-based parenting services. A Continuous Quality Improvement cycle will include:³⁵

- Planning
- Data Collection
- Data Analysis
- Implementation
- Process Analysis
- Conclusion

The CQI process is a cycle that provides a continuous mechanism for improvement. This process will help Contractors improve home-based parenting services to families and achieve outcome goals.

INCREASE NUMBER OF FAMILIES SERVED

Healthy Families America offers home-based parenting services voluntarily, allowing families to choose to participate, which increases trust and receptivity. Research suggests that an important reason for voluntary services is that mandatory services shift emphasis from one of social support to one of social control (Darro, 1988). In an effort to increase services to Oklahoma families, Contractors will assess current caseloads and develop a CQI plan (see method above) to increase caseloads that are not full. Best practice standards dictate that the maximum caseload size per FSW is no more than 13 to 15 active families who receive a visit once a week.³⁶ This practice is to ensure that FSW's have sufficient time and resources to serve families most effectively. Caseload size will be reviewed quarterly to determine if individual caseloads should be increased or decreased.

Jaylanni
Young



Branee Collins
and Braylen
Owens



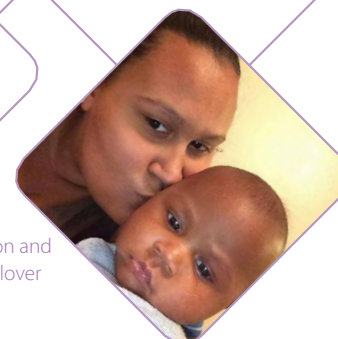
Amanda and
Davalyn
Blankenship



Cassandra Davis
and Makeil
Payne



Mary
Anderson and
Jacob Glover



³⁵ Developing and Planning a QI Plan. <http://www.hrsa.gov/quality/toolbox/508pdfs/developingqiplan.pdf>

³⁶ Healthy Families America Best Practice Standards, effective July 1, 2014 to December 31, 2016, page 31. <http://www.helpmegrow.ohio.gov/~media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Home%20Visiting/HV%20Resources/HFA%20BEST%20PRACTICE%20STANDARDS.pdf>

ACKNOWLEDGMENTS

This report is respectfully submitted in compliance with Title 63 O.S., Section 1-227.3.

Terry L. Cline, PhD

Commissioner
Secretary of Health and Human Services

Stephen W. Ronck, MPH

Deputy Commissioner
Community and Family Health Services

Annette Wisk Jacobi, JD

Director
Family Support and Prevention Service

Susan Gibson, MS

Programs Manager
Family Support and Prevention Service

Angela Watkins, MBA, MPH

Program Assessment and Evaluation Specialist
Community Epidemiology and Evaluation



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